Under the Paperwork Reduction act of 1995 no persons are required to re	espond to a collection of infor	mation unles	s it displays a va	ilia OlviB control number	
Fees pursuant to the Consolidated Appropriate Sect. 2005 (H.R. 4818).	Complete if Known				
	Application Number	10/551,894			
FEE TRANSMITTAL	Filing Date				
For FY 2006	First Named Inventor	Clough			
	Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 130.00	Attorney Docket No.	70240US	3		
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
Deposit Account Deposit Account Number: 07-0190 Deposit Account Name:					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
		MINATION			
Small Entity Application Type Fee (\$) Fee (\$	Small Entity (i) Fee (\$) Fee	/4\	Entity (\$)	Fees Paid (\$)	
Utility 300 150 500	250 200				
Design 200 100 100	50 130		5 -	<del></del>	
Plant 200 100 300	150 160		0 -		
Reissue 300 150 500	250 600	•			
Provisional 200 100 0	_**		0 -		
2. EXCESS CLAIM FEES Small Entity					
Fee Description Fee (\$) Fee (\$)					
Each claim over 20 (including Reissues)			50	25	
Each independent claim over 3 (including Reissues)			200 360	100 180	
Multiple dependent claims <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>			ultiple Depen		
Total Claims Extra Claims Fee (\$) Fee	s r aια (ψ)			Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.	r	-	<u>cc (\$)</u>	ree raid (4)	
Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)	• • • •		tur s a up ur	
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  100 = /50 = (round up to a whole number) x =					
4 OTHER FEE(0)					
Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)					
Other (e.g., late filing surcharge): late oath filing surcharge 130.00					
UBMITTED BY					
anature 1 2 all all t	Registration No. (Attorney/Agent) 33,762	stration No. Telephone 515-685-5201			
ame (Print/Type) Dana S Rewoldt	(ricome)/rigenty	Date July 27, 2006			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.